

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

734
18

15 31 OF DEATH ND RESIDENCE	1. PLACE OF DEATH A. COUNTY <u>Graham</u>				2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE <u>Ariz</u> B. COUNTY <u>Graham</u>								
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR RURAL) <u>Pima Rural</u>				C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <u>32 yrs</u> <u>32 yrs</u>								
	D. FULL NAME OF HOSPITAL OR INSTITUTION				C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <u>Pima, Rural</u>								
					D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>✓</u>								
15 1 MENT ONAL TA 162 2 25-1	3. NAME OF DECEASED (TYPE OR PRINT) <u>JESSE</u>			B. (MIDDLE) <u>-</u>			C. (LAST) <u>KERBY</u>			4. SEX <u>M.</u>		5. COLOR OR RACE <u>W.</u>	
	6. MARRIED - - - - - <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			7. DATE OF BIRTH MONTH <u>July</u> DAY <u>12</u> YEAR <u>1888</u>			8. AGE YEARS <u>62</u> MONTHS <u>7</u> DAYS <u>15</u>			9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>Farming</u>		9B. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)	
	9B. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>			10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Ariz</u>			11. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			12. SOCIAL SECURITY NO. <u>No.</u>		13. BIRTHPLACE (STATE OR COUNTRY) <u>Utah</u>	
	14A. FATHER'S NAME <u>Francis Kerby</u>			14B. BIRTHPLACE (STATE OR COUNTRY) <u>England</u>			15A. MOTHER'S MAIDEN NAME <u>Rachel Riggs</u>			15B. BIRTHPLACE (STATE OR COUNTRY) <u>Utah</u>			
151 X USE F TH 18)	16. INFORMANT'S SIGNATURE <u>Jesse May Kerby Hayden, Ariz</u>				ADDRESS <u>Hayden, Ariz</u>				17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>Feb 27-1951</u>				
	18. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).) *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTIONS.				MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) <u>Carcinoma of the Stomach</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) _____ DUE TO (C) _____ II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.								
	19A. DATE OF OPERATION <u>Dec 1950</u>				19B. MAJOR FINDINGS OF OPERATION <u>Cancer of the Stomach</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)				21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)				21C. (CITY OR TOWN) (COUNTY) (STATE)				
15 X TH TO NAL NCE	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <u>M</u>				21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>				21F. HOW DID INJURY OCCUR?				
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Dec 20 1951</u> TO <u>Feb 27 1951</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>20 Feb 1951</u> AND THAT DEATH OCCURRED AT <u>1011 M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.								23A. SIGNATURE <u>J.W. Knight MD</u> (DEGREE OR TITLE)				
	23B. ADDRESS <u>Springfield</u>				23C. DATE SIGNED <u>28 Feb 1951</u>								
	24A. BURIAL CREMATION REMOVAL <input checked="" type="checkbox"/>				24B. DATE <u>March 1-51</u>				24C. NAME OF CEMETERY OR CREMATORY <u>Pima</u>				
15 25 FOR RAR	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Pima Ariz</u>				25A. DATE REC'D BY LOCAL REG. <u>March 2, 1951</u>				25B. REGISTRAR'S SIGNATURE <u>J.M. Statton</u>				
	25C. FUNERAL DIRECTOR'S SIGNATURE <u>W.E. Rawson</u>				25D. ADDRESS <u>Safford</u>				25E. EMBALMER'S SIGNATURE <u>W.E. Rawson</u>				
	25F. CERT. NO. <u>116</u>												